



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board of Ireland

Guide to Consultation

Contents

1. Consultation – key steps	2
2. Ten easy steps to consultation	3
3. Our stakeholders	4
4. Why do we consult?	4
5. What does ‘consultation’ mean?	5
6. Consultation not consensus: The role of consultees	5
7. Overcoming consultation fatigue.....	6
8. One size does not fit all – different models of consultation.....	6
9. Hitting the mark: Targeted or public consultation?	8
10. Managing consultation feedback – what to expect	9
11. Public access to information	10

Getting started

The purpose of this Guide is to supplement the existing knowledge in the organisation by outlining some of the key considerations relating to effective consultation, starting with a consideration of what we, as an organisation, mean by ‘consultation’.

1. Consultation – key steps

Planning	<ol style="list-style-type: none"> 1. Identify Issue 2. Identify Key Stakeholder groups 3. Assess and Choose Consultation Approach 4. Project Plan 5. Notice and Task Planning 	<p>PT</p> <p>PT,C</p> <p>PT,C</p> <p>PT,C</p> <p>PT,C</p>
Consultation <small>Best practice 8 – 12 weeks</small>	<ol style="list-style-type: none"> 6. Launch and Maximising Participation 7. Query Handling 	<p>PT,C</p> <p>PT</p>
Conclusion	<ol style="list-style-type: none"> 8. Feedback Collation 9. Writing Statements of Outcomes 10. Publication of Outcomes 	<p>PT,C</p> <p>PT,C</p> <p>PT,C</p>

Key
 PT: Project Team
 C: Comm Input/ Support

2 Ten easy steps to consultation

Planning	01. Identify Issue <ul style="list-style-type: none">a. What specific policy issue/area are we consulting on?b. What would we like to know from consultees and what are our consultation questions?
	02. Identify Key Stakeholder Groups <ul style="list-style-type: none">a. Do we need full public consultation or would a targeted consultation be better?b. Which groups are relevant?
	03. Assess and choose Consultation Approach <ul style="list-style-type: none">a. Which one method or combination of methods is most appropriate to get the information we need?
	04. Project Plan <ul style="list-style-type: none">a. Who is the lead at project-team level?b. What resources are available (budget, role, time etc.)?c. Are these resources sufficient to complete work within the set deadline? If not, should an alternative approach be considered?
	05. Notice and Task Planning <ul style="list-style-type: none">a. Consider what kind of notification is needed and when?b. Internally, notification of deadlines and timeframes should be as soon as possible.
Consultation	06. Launch and maximising participation <ul style="list-style-type: none">a. What can be done to ensure all relevant people know we are consulting?
	07. Query handling <ul style="list-style-type: none">a. Throughout the consultation period, resources from within the project team should be allocated to handle the increased volume of queries, request for information etc. that the consultation will trigger.
	08. Feedback collation <ul style="list-style-type: none">a. How do we put together all information from the consultation to accurately capture the range of views expressed and manage all the feedback received?
Conclusion	09. Writing Statement of Outcomes <ul style="list-style-type: none">a. Overview of the consultation process, range of feedback, list of participants and an outline of next steps.
	10. Publication of Outcomes <ul style="list-style-type: none">a. How do we publicise the findings of our consultation and remain accountable and transparent? This can be in an online format.

*The Nurses and Midwives Act 2011, Section 13(4)(b) sets out the requirement for consultation when drafting a rule (including a rule revoking or amending any other rule).

3 Our stakeholders

NMBI has a wide range of stakeholders both internal and external to the organisation.

Our stakeholders include, but are not limited to:

- service users
- general public
- media
- staff of NMBI
- Board of NMBI
- the Minister for Health, his Office and Officials, and the Ministers of State
- Department of Health
- other government departments
- representative groups/associations
- advocacy groups
- service providers
- professional bodies
- Health Service Executive (HSE)
- non-Governmental Organisations (NGO) sector including representative groups, advocacy groups and smaller charity-based service providers
- international bodies

A detailed list of relevant stakeholders is required for any consultation. Organisations, especially in the NGO sector, change so rapidly that it is not the case that a broad-base or definitive list of stakeholders exists in the public domain.

4 Why do we consult?

When used correctly, consultation is a very powerful process that holds benefit both for the organisation and its stakeholders. Historically, some organisations undertook work and determined policy by using a top-down approach – policy was determined and implemented without key reference to the people it would affect. This approach frequently meant that policies were at odds with people’s needs and resulted in the public perception that many organisations were not there to work on their behalf, but operated at a distance. The perception has been that only elite groups or those involved in formal policy-making had the opportunity to be heard. The public and marginalised groups in particular, were not included in any meaningful way and were unable to have their views or concerns considered.

It is only through appropriate and inclusive consultation that we can achieve a clear understanding among our stakeholders of the role of NMBI and the work we do, and ensure that we effectively achieve our mission of driving high quality and safe care for people using our nursing and midwifery services.

By adopting an inclusive approach, and consulting in the most appropriate way, we can:

- work more effectively to meet the needs of our stakeholders
- achieve our organisational objectives
- drive safety in nursing and midwifery care.

The level of input required from stakeholder groups is important to consider. While large organisations have internal systems in place to facilitate the coordination and submission of a response to consultation, smaller organisations including those in the NGO sector, do not always have the same level of resources available to them. The challenge then, in including NGO or non-statutory groups, is to adopt the method of consultation that best enables these groups to participate within existing resources. For this reason, if one of your key consultee groups is within this sector it is important to consider how their participation can best be facilitated and what measures we as an organisation can take to ensure maximal inclusion and participation.

5 What does 'consultation' mean?

Consultation refers to a **two-way interaction** – a 'conversation' between the organisation and our stakeholders.

'Consultation' refers to a **process of engagement** rather than to a discrete or singular activity. This is the case even if the consultation is time-limited (rather than ongoing) or is focussed on a specific project.

For clarity, any reference to consultation should be reserved for those cases where you are **seeking feedback or input** from stakeholders, or where stakeholders can express divergent views and suggest changes they believe to be appropriate.

Consultation = two-way conversation between us and our stakeholders, a process of engagement and knowledge-sharing.

6 Consultation not consensus: The role of consultees

Our stakeholders are partners in any consultation process, but this does not necessarily mean that they are *equal* partners. In any decision-making process it is essential that NMBI's role as final decision-maker is clear.

The decisions of NMBI can be informed by consultation, with a clear mechanism in place for considering the views, opinions and concerns of our stakeholders, but final responsibility rests with NMBI as is appropriate given the statutory remit of the organisation.

In this context, it is important to note that the aim of consultation is not to reach consensus – considering the diversity of views in the health sector, it would be highly unlikely that all groups would reach final agreement on any given issue. Any lack of final agreement does not indicate a weakness in the consultation approach; in fact, a robust consultation process will be strong enough to capture diverse and often contradictory inputs and views, all of which may be considered as part of the consultation.

When consultees are clear on their role in the process, the level of input being sought from them, and

the ultimate use to which the information or feedback they provide will be put, they are more likely to participate and their input can be maximised. It is vital that this information be clearly outlined in the invitation to consult/consultation document at the outset. It is also essential that the distinction between the role of consultees and the role of NMBI is clear from the outset in any consultation process.

7 Overcoming consultation fatigue

As a more inclusive approach to policy development has become widespread, the number of consultations undertaken each year has increased substantially. While this is a positive indication that organisations are evolving to meet the needs of their stakeholders, the negative impact that has resulted in some cases, is a sense that there are too many consultations which often compete for the attention of the same/similar groups. This is known as 'consultation fatigue' and if left unaddressed, can drastically reduce the number of people/groups that participate and thus, can leave projects without the required input.

You can reduce consultation fatigue by:

- planning the **timing** of a consultation carefully so that it doesn't compete with other consultations, calendar events etc.
 - For example, consultations should not run across the Christmas period or other holiday events when people/groups are less likely to be available to take part.
- **being clear** on the role consultees can play
 - See previous section on the role of consultees.
- making the consultation process as **accessible and tailored** as possible.

8 One size does not fit all – different models of consultation

The most important part of designing a consultation is recognising that one size does not fit all – a tailored approach is required if consultation is to be successful. For this reason, it is not the case that any one method is appropriate in *all* cases of consultation.

Some alternative consultation methods are listed below. It is important to note that for particular projects, the most appropriate model of consultation may be some combination of these methods to ensure widespread participation among stakeholder groups.

- **Online consultation** – this can include establishing a consultation section on NMBI's website, setting up a consultation e-mail address for feedback, bringing consultation to an online discussion forum etc.
 - Online surveys are also to be considered under this heading. Specific issues with regard to the design and user-interface are to be considered with input from the Communications team to facilitate driving traffic to the online survey and to maximise participation.

- **Open Space** – this method is now recognised as one of the most effective ways to consult with diverse groups.
 - It necessitates bringing together the group(s) to be consulted with and facilitating group feedback sessions at a consultation event.
 - While it requires a higher level of staff input on the day of the event, it remains a fast and highly effective approach to gathering a large and diverse set of views.
 - It is important to note that this method reduces the amount of time required of consultees (e.g. it's a 'diary date' rather than necessitating the co-ordination of a written consultation response) which for some smaller groups and the NGO sector in particular is central to their ability to participate.

- **Round-table sessions** – a smaller option than Open Space, this involves holding a series of round-table sessions with groups to be consulted with.
 - In the event that all consultees cannot be brought together in a single group (e.g. if the issue under consultation is particularly sensitive or if the groups in question are so diverse so as to make it impractical for them to come together in a single group), round-table sessions remain an option to increase the speed and efficiency of gathering consultation feedback.

- **Focus groups** – it should be noted that in order to be robust and in keeping with best practice, focus groups may necessitate the use of an external facilitator with expertise specifically in this form of consultation. This need for external facilitation should be planned for in setting the budget at the outset of the project. By working with an external facilitator the project leaders can determine those areas of greatest interest and work on establishing the best set of focus group questions or themes by which to structure the consultation.

- **Polling** – through the use of telephone or online polling this method holds the potential to maximise participation and get feedback from large sample.
 - In order to be robust, any survey has to have a minimum sample of 1000, randomly-selected adults.
 - Omnibus polls and surveys involve the use of an external specialist organisation (e.g. RedC, TNSmri etc.) and so the cost implications are to be considered at budgetary planning stage.
 - Polls such as this can be coordinated with input through the Communications team to ensure value for money in setting the number and nature of questions.

- **Pen and paper consultations** – the use of a 'consultation document' remains one of the most frequently used methods, and is by far the most traditional approach to consultation. This approach continues to hold benefit for certain projects, but should not be used as the 'default' option.

- The biggest challenge with this approach is that it relies on people's ability to read and give a written response to a document. As a result, literacy issues can prevent some groups from participating fully. This can restrict the group of stakeholders who can input into the process and so, the views of all core groups may not be captured. This issue can be partially overcome by the production of an audio version of the consultation document, but serious issues relating to participation and inclusion remain.
- Another consideration relates to the accessibility of the consultation document. If it is decided that a consultation document is required, alternative versions of the document including, but not limited to: a Plain English version; an Easy-to-Read version; a Braille version and; an audio version must be produced. This has both budgetary and timing implications which should be considered and resolved at the planning stage.
- Given these issues, a face-to-face option (see above) should, depending on the project, be considered either in place of the pen-and-paper model or in tandem with it

9 Hitting the mark: Targeted or public consultation?

The choice between **general public consultation** and **targeted consultation** is one which should be considered and finalised at the outset of the project, as this decision will determine the budget, timeframe and tailored consultation approach to be taken.

It might be the case that general public consultation is required for part of the project, or at a particular stage of work, but is not appropriate as the only form of consultation. In this case, a targeted consultation process can also be used. Equally, it may be the case, for some highly specialised projects for example, that targeted consultation with a limited set of key stakeholders is the most appropriate approach to take.

Targeted consultation is a valid and highly-useful method of gathering feedback and input, and is of benefit across a wide range of projects.

Finally, it is always important to remember that you have flexibility in determining your approach. The consultation approach you select for one project may not be the most appropriate for subsequent projects – you are always free to adopt a new approach and tailor it to the specific project needs.

The key to consultation lies in making information easily accessible to the relevant stakeholders through the use of the most appropriate method, so that they can offer information and feedback. At its best and most effective, consultation will be tailored to meet the individual needs of each project and will always maximise the level of input from stakeholders.

10 Managing consultation feedback – what to expect

Best practice determines that a ‘Statement of Outcomes’ document should be produced at the end of every consultation process. This document will clearly outline:

- the specific background to the consultation/rationale for the consultation
- what the consultation issue/consultation questions were
- the method of consultation
- a complete list of all consultees who participated
- a detailed outline of feedback received
- the next steps for the project, specifically outlining the use to which the consultation feedback will be put and
- contact points for further information (preferably with the role of Project Manager or lead decision-maker outlined)

This “Statement of Outcomes” document should be made **freely available** to the public and all stakeholders on NMBI’s website. The work of examining and collating consultation feedback, and producing the Statement of Outcomes should be built into each individual project plan as a **discrete phase** of work.

The Statement of Outcomes document is particularly important for us as a public body and in the context of NMBI using consultation to inform the development of its policies and standards. In order to be transparent and accountable we must make clear the steps on the way to final decision points. Details on how consultation feedback was considered, where it was used to change policy/standards and where it did not result in a change to policy/standards should be clearly provided in the Statement of Outcomes.

The purpose of the Statement of Outcomes document is to act as a testament to the consultation process and provide an accurate record of feedback received. The aim is not to provide an edited overview of feedback or outline only positive feedback. In this way, those people/groups who participated as consultees will recognise the use to which the information they provided was put and will be clear on the decision-making path that follows on from consultation.

Finally, it is important to note that any consultation will produce both positive and negative feedback. The issues on nursing and midwifery professionals about which NMBI consults are highly personal and so it is to be expected that a divergence of perspectives will be seen in feedback. If the consultation method used is robust, it will be able to effectively capture strongly divergent views to provide an accurate record of the range of opinions and views on the issue under consultation.

The purpose of consultation is to fairly and accurately engage in a two-way interaction that enables stakeholders to be clear on the processes used by NMBI, and have trust in its transparency, openness and accountability.

11 Public access to information

In keeping with Data Protection legislation it is important that anyone who provides personal information (e.g. name, address etc.) to NMBI knows the reason why they are being asked for this information and the use to which it will be put. In the case of consultation these issues are particularly important to consider.

Organisations which participate in consultation expect to identify themselves, as they are acting on behalf of or representing a wider group of people (e.g. Inclusion Ireland is one of the key umbrella groups for disability organisations, as such any comment it makes is on behalf of those member organisations).

Equally, in the case of members of the general public making a submission, it should be clear from the invitation to consult/consultation advert/consultation materials that the consultation is public and as such any submission they make will be made available by NMBI. Best practice determines that a full list of the names of members of the general public who made a submission should be provided in the Statement of Outcomes. This is also the accepted practice among public bodies in Ireland and the UK.

In the case of sensitive, highly personal information, or personal experiences with nursing and midwifery professionals other, more appropriate, mechanisms exist for individual complaints or the sharing of personal information. This information is not appropriate to the consultation space. While we cannot prevent such information being offered as part of consultation feedback we must be clear with all our stakeholders that as a public body and as a matter of best practice, we make public all feedback submissions to consultations.

These issues should be considered and discussed at the outset of consultation and may determine the format in which consultation feedback is sought.